RECEIVED FEC MAIL CENTER 2016 JAN 27 PM 12: 08

Committee Name:
GODLYAMERICA 2016
If registered, FEC ID:
Today's Date:
01/13/2016
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This
committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.
Respectfully submitted,
respectant submitted,
Treasurer's Name:
Caleb Ingle, Treasurer

FEC FORM 1

2016-01-27-03-00041286

STATEMENT OF **ORGANIZATION**

2016 JAN 27 PM 12: 08

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
GODLY AME	R1,CA,2016		
ADDRESS (number and street)	1. 649. Cay	entry Chamm	Rioaid
(Check if address	1	The same of the sa	150916
is changed)		<u>, </u>	
	CITY A	(jew)	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	:SS		
(Check if address is changed)	Landhame	rica 2016 @	amaili com
	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE AD	DRESS (URL)		•
(Check if address	Facebook	Vaodilylamierica	12016
is changed)		v godina i i i i i i i i i i i i i i i i i i	
2. DATE OLI	3 2016		
B. FEC IDENTIFICATION N	UMBER ▶ C		
1. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
certify that I have examined the	nis Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	· Caleb	Ingle	
Signature of Treasurer	ald lyl	4	Date 07 73 2016
NOTE: Submission of false, erron	eous, or incomplete information i		this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office		For further information	EEL. ELIBIN I
Use Only		Federal Election Commis Toll Free 800-424-9530	(Revised 06/2012)

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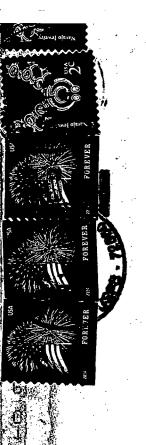
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	FEC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE
Ca	ındidate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	me of ndidate	
	ndidate ty Affiliati	Office State Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
_	me of ndidate	
Pa	rty Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Part
Po	litical A	Action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	K	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joi	nt Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
<u> </u>		
		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	adership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
Full Name	ason: Lynn Wirt	<u> </u>
Mailing Address	P.O. Box 1361	<u></u>
	Mountain View IAR 725	<u> 560</u>
Title or Position	CITY STATE	ZIP CODE
L. Servan	Telephone number 8.70 - 2	091-6294
3. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the na assistant treasurer).	ime and address of
Full Name of Treasurer	leb Thomas Ingle	1. 1. 1. 1. 1. 1. 1. 1.
Mailing Address	L. P.O.BOX 11361	
		1-
	Mountain View AR 1725	60
Title or Position	CITY STATE	ZIP CODE
Litreasure	Telephone number 405 - 6	95 -0590

FEC For	m 1 (Revise	d 02/2009)			Page 4
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Full Name of Designated Agent	<u> </u>				
Mailing Address				<u> </u>	
				 . 	
		C		STATE	ZIP CODE
Title or Position					
			Telephone r	umber	لــــا-لــــا
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safety deposit b	oxes or mail	ntains funds.	depositories in which the comr	nittee deposits f	unds, holds accounts, rents
Name of Bank,	Depository,	etc.			
	L S	tone Ban	.K.,,,,		<u> </u>
Mailing Address		LPO.BO	x 2750		
					<u> </u>
		Mountain	View	IARI	725601-1111
		C	ITY	STATE	ZIP CODE
Name of Bank,	Depository,	etc.			
Mailing Address					
		C	ITY	STATE	ZIP CODE



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(3/2015)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER /